

Bill's Salvage-Durham Interest

824 Old Highway 11
Lumberton, Mississippi 39455

1-800-745-6318

601-796-5800

Fax: 601-796-5804

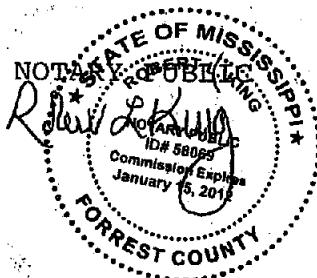
JANUARY 28, 2010

PAUL M. ELLIS
POB 6010
RIDGELAND MS 39158-6010

RE: SUBPOENA FOR SOUTH LAMAR TRK & TLR SALES
FRAZIER
08.03051-EE

AFTER DILIGENT SEARCH, I FIND NO APPARENT TRANSACTIONS
IN OUR FILES PERTAINING TO THIS MATTER. THIS SEARCH
INCLUDES: BILLS SALVAGE
DURHAM INTEREST
SOUTH LAMAR TRK & TLR SALES

MARIA J. DURHAM
Maria J. Durham
OWNER, SOUTH LAMAR TRK & TLR SALES



Exhibit

"D"

South Lamar Truck & Trailer Sales

824 Old Highway 11
Lumberton, Mississippi 39455
601-796-5800

1-800-745-6318

Fax: 601-796-5804

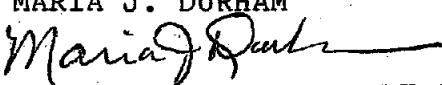
JANUARY 28, 2010

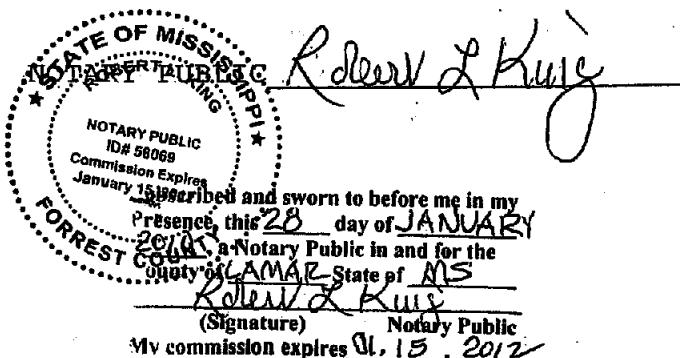
PAUL M. ELLIS
POB 6010
RIDGELAND MS 39158-6010

RE: SUBPOENA FOR BILL DURHAM
FRAZIER
08.03051-EE

MR BILL DURHAM PASSED AWAY MAY 22, 2008. I FIND NO APPARENT TRANSACTIONS IN OUR FILES PERTAINING TO THIS MATTER. AFTER DILIGENT SEARCH, I FIND NO APPARENT INDICATIONS THAT THE DECEASED LEFT ANY RECORD TO THAT DEFENDANT.

I AM ENCLOSING A COPY OF MR DURHAM'S DEATH CERTIFICATE.

MARIA J. DURHAM

OWNER, SOUTH LAMAR TRK & TLR SALES



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



TYPE OR PRINT WITH BLACK INK		FILING DATE	MAY 29 2008		CERTIFICATE OF DEATH		STATE FILE NUMBER	12308-010992		
DECEASED		1. NAME	First	Middle	Last	2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)		
		William	Walter	Durham	S.	Male	8:30 p.m.	5/22/08		
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items		4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY BIRTHDAY		5b. MOS	5c. DAYS	5d. HOURS	5e. MINS	5f. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH
		White	65 Years						1-10-1943	HINDS
For RESIDENCE items, enter actual location of home rather than mailing address		7b. CITY OR TOWN OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM, OR DOA		8. STATE OF BIRTH			
		JACKSON	ST. DOMINIC JACKSON MEM. HOSP. (25S)		INPT.		AR			
PARENTS		9. DECEASED'S EDUCATION (Specify only highest grade completed)	10. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)				
		(Elem/High School) College (0-12) 12 1-4, 5+	MARRIED	MARIA JONES		NO				
INFORMANT		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)	14. SOCIAL SECURITY NUMBER	15a. USUAL OCCUPATION (Kind of work done most of working life)		15b. KIND OF BUSINESS OR INDUSTRY				
		AMERICAN	428-76-6809	DISABLED		NA				
DISPOSITION		16a. RESIDENCE-STATE	16b. COUNTY	16c. CITY OR TOWN	16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION				
		MS	LAMAR	LUMBERTON	NO	824 OLD HWY. 11				
PRONOUNCEMENT		17. FATHER-NAME	First	Middle	Last	18. MOTHER-NAME	First	Middle	Maiden	
		JAMES	W.	DURHAM		JEAN			STEPHENSON	
CERTIFIER		19a. INFORMANT-NAME (Type or print)	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORIUM-NAME	20c. LOCATION (City and State)	21a. EMBALMER'S SIGNATURE AND NUMBER	
		MARIA DURHAM	824 OLD HWY. 11 LUMBERTON, MS. 39455		CREMATION		CENTRAL MS. CREMATORIUM	PEARL, MS	NONE	
CAUSE OF DEATH		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)	22b. PRONOUNCED DEAD (Month, Day, Year)		23a. CERTIFIER-NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	22c. PRONOUNCED DEAD (Hour)		
		Thomas P. Mills, MD	ON May 22, 2008		Thomas P. Mills		970 Lakeland Dr. #49 Jackson, MS	AT 8:30 p.m.		
		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. This section to be completed by physician if NOT a medical examiner	24b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. This section to be completed by medical examiner ONLY		24c. DATE SIGNED (Month, Day, Year)	24d. STATE LICENSE NUMBER	24e. TITLE	24f. DATE SIGNED (Month, Day, Year)		
		5/23/08	MS11853							
		24g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	24h. Interval between onset and death		24i. Interval between onset and death		24j. Interval between onset and death			
		Deborah S. Skelton, MD								
		25. PART I: DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only): (a) Multi System Organ Failure		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) NO	
			DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) Septic Shock Syndrome							
			DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) Urinary Tract Infection							
		Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED				
					m.					
		29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	Street or route number	City or town	State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN -3 2008

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT MAKES IT VOID AND INVALID. DO NOT ACCEPT UNLESS THE ENGRAVED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW